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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO		CONFIRMATION NO.
10/528,898 09/02/2005 Thomas Lenzing 10191/3697 9169 FITLE OF INVENTION: AIRFLOW METER WITH DEVICE FOR THE SEPARATION OF FOREIGN PARTICLES						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/23/2007
EXAMINER ART UNIT			CLASS-SUBCLASS]·		
PATEL, HARSHAD R 2855			073-204210		-	
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Kenyon & Kenyon LL 2 3			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Robert Bosch GmbH Stuttgart, Federal Republic of Germany						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🌠 Corporation or other private group entity 🗀 Government						
a. The following fee(s) Issue Fee Publication Fee (N	No small entity discount		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number //-0600 (enclose an extra copy of this form).			
Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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